

3731

AMENDMENT TRANSMISSION  
INDIVIDUAL & SMALL BUSINESSES  
DOCKET NO. ICON 2 13087



In re application of: Furst  
Serial No. 09/771,073  
Filed: January 29, 2001  
For: IMPROVED EXPANDABLE GRAFT

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being deposited  
with the United States Postal Service as first class mail in  
an envelope addressed to Commissioner for Patents,  
P.O. Box 1450, Alexandria, VA 22313-1450  
on 12-29-03

R. Cox  
(SIGNATURE)

12-29-03

Sir:  
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	* 27	Minus	** 60	0	\$9	\$ 0.00
Indep. Claims	* 2	Minus	*** 3	0	\$43	\$ 0.00
			Total Additional Fee For this Amendment --->			\$ 0.00

\* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5

\*\* If the "Highest No. Previously Paid For" is less than 20 write "20".

\*\*\* If the "Highest No. Previously Paid For" is less than 3 write "3".

\_\_\_\_\_ A check in the amount of \$\_\_\_\_\_ to cover the Filing Fee (and Assignment Recording Fee) is enclosed.

☒ **General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees.** Should any additional fees be required in connection with this application, **during the entire pendency of the application**, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

RECEIVED

JAN 07 2004

TECHNOLOGY CENTER P3700

FAY, SHARPE, FAGAN, MINNICH & McKEE

By: Brian E. Turung

BRIAN E. TURUNG

Reg. No. 35,394

1100 Superior Avenue, Seventh Floor  
Cleveland, Ohio 44114-2579

Phone: (216) 861-5582

Fax: (216) 241-1666